APPOINTMENT OF

This is an (Check one)	Initial Appointment Amended Statement (Please Type or Print)
CANDIDATE	(Please Type or Print)
Name HEIRON HECCER	シロン
Street 12 F PEACL TA	ce have
City Wich Far	County Side Zip Code 6 7207
Home Telephone 316 683762	
Office Sought STATE ASA	
·	
TREASURER	
Date Appointed 5/27/2	8016
Name SUP DAM	(hillner
Address 3/20 F. F.	no4xh # 205
City // ichita	7750C Zip Code 672/8
Home Telephone 3/6 63/-	537 Business Telephone 3/6 655 -2167
OR CANDIDATE COMMITT Date Appointed	EE
Chairperson's Name	
Address	
City	Zip Code
Home Telephone	Business Telephone
Treasurer's Name	Business Telephone
Address	
City	Zip Code
Home Telephone	Business Telephone
Trome reception	Dustriess Actophone
SIGNATURE "I declare that this statement has been examined by me and to the best of my knowledge and belief is true, or rect and complete. I understand that the intentional failure to file this document or intentionally filing a alse document is a class A misdemeanor." Signature of Candidate Signature of Candidate	
(Date)	(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000